

AFFIDAVIT OF TEMPORARY ABSENCE

I, _____, being first duly sworn, on oath,
state:

I am temporarily leaving the State of Kansas on _____,
for the purpose of obtaining additional education or training or to participate in religious,
humanitarian, or government service programs. I anticipate that I will return to Kansas
on approximately _____. I will inform the
Board of Governors of the Health Care Stabilization Fund of my out-of-state address and
will notify the Board upon my completion of training or program participation and upon
my return to the State. I understand that to take advantage of this exemption I must
return to the State of Kansas upon completion of the training or program, as intended by
K.S.A. 40-3403(b)(1)(D). Should I fail to return to Kansas, I further understand and
agree that I must remit to the Board the surcharge for tail coverage within 30 days of the
expiration of my temporary exemption or my coverage will be voided.

Signature

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20_____.

Notary Public

My Appointment expires: